CLAIMS ONLY

Application Number	Filing Date
10/801,639	4/9/04

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7		1				
8		1				
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Total Indep	10					
Total Depend	7					
Total Claims	17					

	Indep.	Depend.	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						